



Bobbi Meeler Sahn Service and Outreach Project/Program:

Project / Program Title: _____

UGA School / College / Organization Name: _____

Athens Clarke County Organization Name: _____

UGA Contact Information:

Name: _____ Title: _____

Email: _____ Phone: _____

If UGA faculty/staff, is this request a funding priority supported by the dean or academic unit director?

Yes No

List name of approving dean/director: : _____

Attach a letter of support from the UGA unit or department to document planned partnership.

Athens Clarke County Organization Contact Information:

Name: _____ Title: _____

Email: _____ Phone: _____

Please Check here if Athens Clakre County Organization is a 501 (c)(3) Tax ID#:

Attach a letter of support from the Athens Clarke County Organization to document planned partnership.

Project Summary Statement - Include project description, project goals and objectives, and the community need this project addresses (500 words or less):

Please clarify the target audience served by this project (200 words or less):

What will change or be different because this project was funded? (200 words or less):

BUDGET BREAKDOWN OF REQUESTED FUNDS:

ITEM DESCRIPTION	FUNDS REQUESTED
	TOTAL REQUEST

Please note if other funds are currently directed to this project.

Yes No

Clarify funding sources and amount designated for this project::

**PLEASE SUBMIT YOUR APPLICATION TO:
robin.hampl@uga.edu**

If awarded, the parties agree to to supply the Office of the Vice President for Public Service and Outreach with (1) a quote from a participant or individual impacted by the work completed, (2) a photo (high resolution and a signed photo release form) capturing activity of the work; and (3) a 100 word description of program's efforts by December 2, 2024. These materials will be used for publicity purposes.

UGA Applicant Signature: _____

Athens Clarke County Organization Applicant Signature: _____